

The Soft Tissues: Trauma and Sports Injuries

Ed G R McLatchie, C M E Lennox
Butterworth-Heinemann, £45, pp 485
ISBN 0-7506-0170-1

Soft tissue trauma is often neglected, yet many of us spend our time in outpatient clinics dealing with conditions affecting these tissues. As long ago as 1940 Reginald Watson-Jones was quoted as saying, "It is worse to sprain an ankle than to break it," because soft tissue injuries are often ignored, with consequent morbidity.

Damage to soft tissue may be the same whether incurred during sporting activities or from non-sporting trauma, and *The Soft Tissues* usefully groups the pathology and management together. The first few chapters are heavy going, and it is not until the sixth chapter that excellence appears, with a precise and concise chapter on tendon injury. From then on the uphill struggle eases and the regional accounts of injuries in the middle section are in general excellent. The final chapter in this middle section, on rehabilitation, is particularly good and to some extent removes the need to mention the general management of soft tissue trauma in other chapters.

An excellent chapter on pains in growing children is unfortunately spoilt by use of the American classification for juvenile chronic arthritis; this differs from that used in Britain

and the rest of the world, which follows the work of the world authority on the disease, who happens to be British (Barbara Ansell). I think it would have been enough to say that one should always remember juvenile chronic arthritis as a cause of pain in children and leave it at that.

The third section covers specific groups of sporting injuries. Where the text relates the injuries to particular aspects of the sport, such as in the chapter on dance and gymnastics, this is very helpful. I learnt that the "efficiency" (whatever that means in the shoe world) of running shoes is reduced by 23% after 150 miles and by 45% after 500 miles. This perhaps adds further support to a recent suggestion that there may not be a lot to be gained by buying the more expensive running shoes. I am surprised that in a British text soccer is not covered as this sport probably results in more attendances at casualty departments and general practice surgeries than all other sports put together because of the large numbers playing each weekend.

The book's strength is that it is comprehensive, bringing together material from a wide variety of sources into a single volume. Weaknesses are that there is much repetition with respect to certain injuries, particularly of the ankle and the knee, which could be avoided by suitable cross referencing. There are varying styles of references and many printing errors, which should be eradicated in future editions.—WENDY N DODDS, consultant rheumatologist, St Luke's Hospital, Bradford

Oxford Textbook of Rheumatology

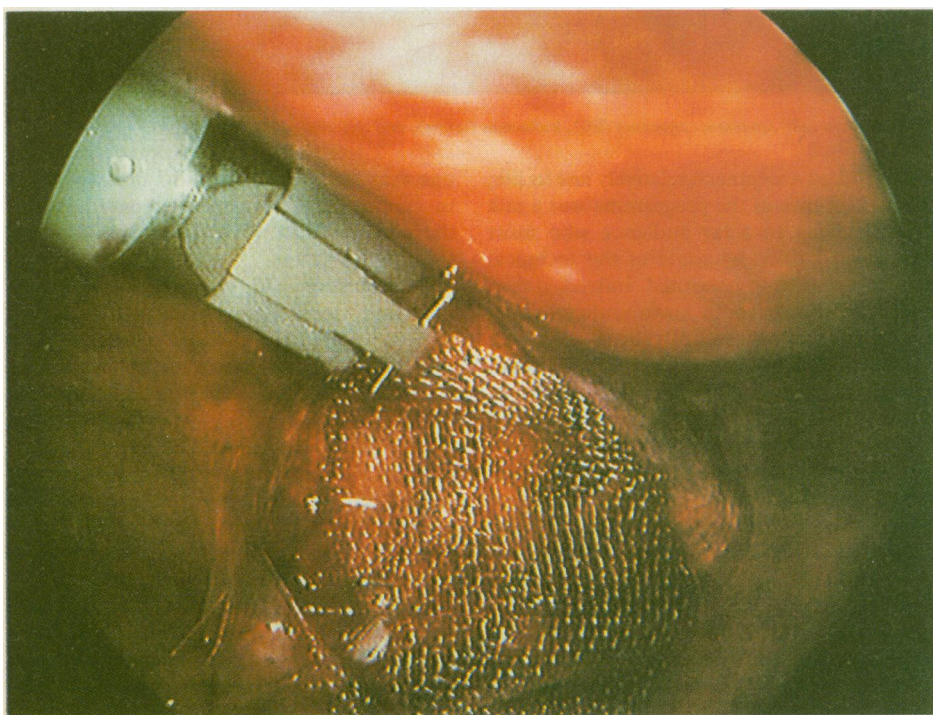
Ed P J Maddison, David A Isenberg, Patricia Woo, David N Glass
Oxford University Press, £120, pp 1142
ISBN 0-19-262026-6

Competition among large rheumatology textbooks is becoming increasingly fierce. Previously the leaders have been broadly based on national lines, with British (Copeman's *Textbook of the Rheumatic Diseases*, £100) and American (Kelley's *Textbook of Rheumatology*, £172) the main contenders. The *Oxford Textbook of Rheumatology* is a two volume text taking an international form, with authors from both sides of the Atlantic offering a more global view of this specialty.

The format is a tried and tested one, dividing basic science, pathological features, and relevant investigations into one volume and descriptions of disease into the second. However, it succeeds in filling two niches not covered elsewhere. In the clinical volume, in addition to a chapter specifically devoted to childhood arthropathies, there are portions in most sections emphasising manifestations of each disease as they present in childhood, which will encourage trainees and more experienced rheumatologists to learn more about childhood arthritides. More importantly, the book includes segments, often written jointly with relevant specialists, providing a perspective on manifestations of rheumatological problems as faced by non-rheumatologists. This increases other specialists' awareness of the subject but also encourages the placing of rheumatology in its true context as a specialty within general medicine.

The multiauthor format used for this book provides readers with an up to date review written by clinicians and scientists with experience of research in a topic that changes rapidly from year to year. There are, however, features that emphasise the need for careful editing of such complete textbooks in order to avoid some of the unnecessary idiosyncrasies that individual authors have included in their text, which add little to the content and may even confuse. In addition, the style allows more than one author to give views on the same subject. An increase in cross referencing between chapters not only would be to readers' benefit but could also iron out the, albeit minor, variations between authors.

Notwithstanding these minor irritations, the *Oxford Textbook* is thorough and comprehensive and generally provides a good bibliography (even if some seminal references are repeated in different chapters with differing dates). It is generally easy to read and assimilate and is a worthy addition to the texts already available. Whether it can replace the gold standard, widely regarded as Kelley's textbook, remains to be seen.—MAX FIELD, senior lecturer in rheumatology, University of Glasgow



Stapling of a mesh patch during laparoscopic hernioplasty illustrated in *Laparoscopic Urologic Surgery* (Raven, \$151.50, ISBN 0 7817 0044 2). There seems no limit to the advances taking place in all aspects of minimal surgery.

Best books on anaesthesia: a personal choice

Anaesthesia is applied physiology, pharmacology, and physics; their application depends on knowledge of medicine and surgery. General textbooks of anaesthesia should move from the scientific principles to clinical practice and will never include enough detail for someone especially interested in particular topics.

I guess that the large textbooks are bought mostly by libraries and by candidates for the FRCA examinations who want something more than spoon feeding, though my advice to them is to use the contents pages of a large textbook as a list of topics to be covered and to write their own textbook of notes from reviews and editorials. These are written by the same people who write the chapters in the textbooks but are more up to date.

Contributors to textbooks must give readers perspective, not merely regurgitated fact. The editors must have done more than collect the manuscripts and send them to the publisher. No textbook is going to be glaringly incorrect for even a chapter or two, so probably the most important consideration is whether it is easy to read. Is the text a sensible size and laid out well? Are the diagrams clear, and are they to a uniform style? Will the pages dissolve or stick together when the inevitable coffee or propofol gets spilled on them? Textbooks must be a good source of references, and references to recent reviews are as important as references to original work. Unfortunately, most textbooks now use the Vancouver style for references. This is good in short lists but infuriating when you want to find whether a particular reference is quoted in a list of 200. What textbooks need (but which none has) are subsidiary lists in alphabetical order, coming after the numerical list, cross referenced to it and to occurrence in the text.

Books for the specialist

* **Textbook of Anaesthesia.** 2nd edn. Ed A R Aitkenhead, G Smith. (£49.) Churchill Livingstone, 1990. ISBN 0-443-03957-7.

Anaesthesia. 2nd edn. Ed W S Nimmo, D J Rowbotham, G Smith. (£149.50.) Blackwell Scientific, 1994. ISBN 0-632-03244-8.

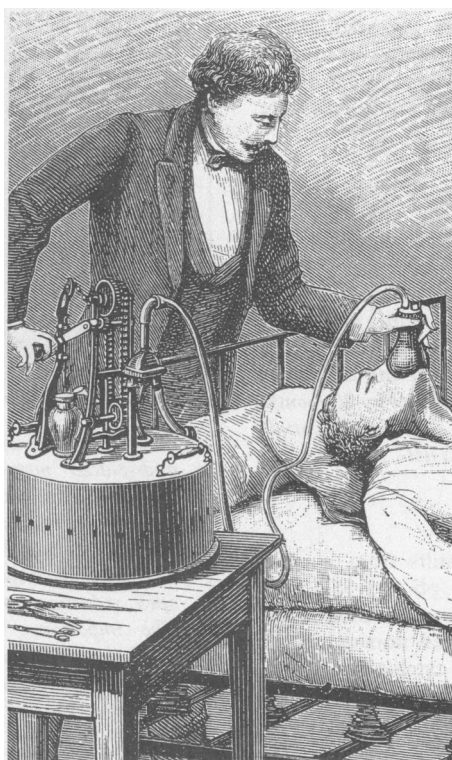
** **Clinical Anaesthesia.** 2nd edn. Ed P G Barash, B F Cullen, R K Stoelting. (£113.) Lippincott, 1992. ISBN 0-397-51160-4.

** **Anaesthesia.** 3rd edn. Ed R D Miller. (£165.) Churchill Livingstone, 1990. ISBN 0-443-08594-3.

** **General Anaesthesia.** 5th edn. Ed J F Nunn, J E Utting, B R Brown Jr. (£110.) Butterworth, 1989. ISBN 0-407-00693-1.

*** **Lee's Synopsis of Anaesthesia.** 11th edn. R S Atkinson, G B Rushman, N J H Davies. (£39.50.) Butterworth/Heinemann, 1993. ISBN 0-7506-1449-8.

• **Handbook of Clinical Anaesthesia.** 2nd edn. Ed P G Barash, B F Cullen, R K Stoelting. (£24.) Lippincott, 1992. ISBN 0-397-51297-X.



If you want "a textbook for the exam" then Aitkenhead and Smith will do for part 1 FRCA and Nimmo and Smith for part 3. I cannot star Nimmo and Smith, not because it is not as good as Aitkenhead and Smith—both books are well written and presented—but because candidates for part 3 should have a broader outlook.

There are three all inclusive general texts worth considering. It is hard to distinguish between them. The two American books, Barash and Miller, all but ignore writers outside North America. Nunn is more cosmopolitan but is now the oldest of the three, though a new edition is in preparation. Textbooks are like grant applications: by the time you've completed one it's time for the next. Barash is a single volume and I prefer the typeface. The current edition suffers a bit from the Portakabin approach: new information is too often tacked on, not integrated. Miller's two volumes are on heavier paper. Some of the diagrams are poor. Experts are sometimes so convincing in their opinions that one wonders when they were last in an operating theatre; Miller includes a refreshing chapter by Roizen, in which he gives a list of books for readers to consult and humbly admits that there is little good controlled evidence about technique and outcome.

Synopsis is in its eleventh edition. I keep my old editions lovingly on the shelf, as an investment for the future when NHS pension funds have been privatised. It can be an

infuriating book, but, although the text may be fairly cryptic, references are truncated, and there are few diagrams, *Synopsis* is usually a helpful source of rapidly required information.

"Baby Barash" gets a flower not because it is the best of these books but because it is unique: an epitome of the larger text, for carrying around and reading at odd moments. I suspect that new editions of the other large textbooks will come similarly accompanied, provided they survive more than an edition or two. Of all medical printed matter, large textbooks may be the first to move to electronic publication.

Books for the generalist and for undergraduates

• **Lecture Notes on Anaesthetics.** 4th edn. J N Lunn. (£12.95.) Blackwell Scientific, 1991. ISBN 0632-03192-1.

*** **Anaesthesia, Analgesia and Intensive Care.** Ed A P Adams, J N Cashman. (£14.99.) Edward Arnold, 1991. ISBN 0-340-54927-0.

* **Ostlere and Bryce-Smith's Anaesthetics for Medical Students.** 10th edn. T B Boulton, C E Blogg. (£9.50.) Churchill Livingstone, 1989. ISBN 0-443-02821-4.

* **Norris and Campbell's Anaesthetics, Resuscitation and Intensive Care.** 7th edn. D Campbell, A A Spence. (£13.95.) Churchill Livingstone, 1989. ISBN 0-443-04067-2.

Baby Barash" has been recommended for students but it is far too comprehensive. Non-specialists and students need to appreciate anaesthetists' problems, not know how to solve them. Authors writing books for students have a tendency to irrelevant detail, which the students then inevitably remember, but authors must not forget that students "know" that too much oxygen is harmful and that too much fluid causes heart failure. The result is hypoxic, poorly resuscitated patients. Lunn has the balance right, in a well written, clearly presented book that everyone who needs the services of an anaesthetist should have to reread at regular intervals. For the more interested, or for the senior house officer in anaesthesia, Adams and Cashman (unusually for a student text a multiauthor book) is excellent. It includes intensive care, whereas Lunn does not.

Ostlere and Bryce-Smith is the book I used as a student. It has the merit of being small and, in common with Norris and Campbell, is a good easy read, giving a realistic flavour of the specialty. Neither book has good diagrams, and both seem a little tired. Is it worth keeping original authors' names attached to books that inevitably will be much changed since their first editions?—NEVILLE GOODMAN, consultant senior lecturer in anaesthesia, University of Bristol